



**DR. MARTIN LUTHER KING, JR.
INDIANA HOLIDAY COMMISSION**

Indiana Government Center North
100 North Senate Avenue, Room N103
Indianapolis, Indiana 46204

Tele: (317) 232-0534 (800) 628-2909 Fax (317) 234-0135
Hearing Impaired: (800) 743-3333 <http://www.IN.gov/icrc/mlkjr/mlkjr.html>

GOVERNOR FRANK O'BANNON

Honorable Tanya Walton-Pratt, Chair
Myra Mason, Ph.D., Secretary

KING DAY OF SERVICE PROJECT LIABILITY WAIVER **PHOTO CONSENT & MINOR CONSENT FORM**

ALL PARTICIPANTS MUST SIGN BELOW BEFORE A VOLUNTEER IS ALLOWED TO PARTICIPATE IN A SERVICE PROJECT

LIABILITY WAIVER

I hereby acknowledge that participation as a King Day of Service Volunteer may expose me to possible loss or harm and that I should not participate in this event unless I am medically and physically able to do so. I, with full knowledge and understanding of the foregoing, and in consideration of my acceptance of this entry, expressly assume any and all risks associated with my voluntary participation in this event. In addition, I, for myself and for anyone who might claim on my behalf, covenant not to sue and hereby **WAIVE, RELEASE AND DISCHARGE DR. MARTIN LUTHER KING, JR. INDIANA HOLIDAY COMMISSION, INDIANA CIVIL RIGHTS COMMISSION**, or _____

_____, its agencies, event workers, officials, sponsors, volunteers and their representatives, successors, agents, employees and assigns from **ANY AND ALL CLAIMS, LIABILITIES, DEBTS, AND CAUSES OF ACTION**, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my travel to, participation in, or return from this event.

I hereby certify that I am 18 years of age or over; or that my parent/guardian has signed below on my behalf.

(Please use ink pen)

Signature: _____

Print Name: _____ Age : _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Company/Organization You Represent : _____

Team Leader: _____ Tele: _____

PHOTO CONSENT

☐ I hereby DO NOT consent to OR authorize the use or reproduction by _____,

DR. MARTIN LUTHER KING, JR. INDIANA HOLIDAY COMMISSION, OR INDIANA CIVIL RIGHTS COMMISSION of any and all photographs taken of me this day for the purpose of promotion. I am assured that reasonable steps will be taken to honor my request and to preserve my confidentiality.

☐ I hereby consent to and authorize the use or reproduction by _____

_____, **DR. MARTIN LUTHER KING, JR. INDIANA HOLIDAY COMMISSION, or INDIANA CIVIL RIGHTS COMMISSION** of any and all photographs taken of me this day for the purpose of promotion, without compensation to me. I hereby certify that I am 18 years of age or over; or that my parent/guardian has signed below on my behalf.

(Please use ink pen)

Signature: _____

Print Name: _____ Age : _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Company/Organization You Represent : _____

Team Leader: _____ Tele: _____

MINOR CONSENT (PARTICIPANT UNDER 18)

_____, under age 18, has my permission as parent/guardian to participate as a King Day of Service Volunteer. I understand the project may expose the participant to possible loss or harm, and that _____ should not participate in this event unless medically and physically able to do so. With full knowledge and understanding of the foregoing, and in consideration of your acceptance of this entry, I expressly assume any and all risks associated with _____

_____ voluntary participation in this event. In addition, I acknowledge that on the return of this form, granting consent, _____ **is under age 18, and as the parent/guardian I must sign.**

(Please use ink pen)

Signature: _____

Print Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Company/Organization You Represent : _____

Team Leader: _____ Tele: _____